

Division of Behavioral Health  
DUI Program  
275 East Main Street, 4-WG  
Frankfort, Kentucky 40621-0001  
(502) 564-9208  
(502) 564-9335 FAX

Date Received by DBH: \_\_\_\_\_  
Received by: \_\_\_\_\_

**DUI COMPLAINT FORM**

**Personal Information**

Name of complainant: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ SSN#: \_\_\_\_\_ - -  
May we contact you at work? \_\_\_ Yes \_\_\_ No

**Program Information**

Name of program or person(s) complaint is against: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
County where services were provided: \_\_\_\_\_ County of conviction: \_\_\_\_\_

**Client DUI Information**

Conviction Date: \_\_\_\_\_ Assessment Date: \_\_\_\_\_ Amount paid to program: \_\_\_\_\_  
Are you currently a client in the program?  Yes  No

**Complaint Information**

**Briefly state the facts of your complaint. (Please type or print clearly) Attach additional pages if needed**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you complain to the program?  Yes  No To Whom: \_\_\_\_\_ Date: \_\_\_\_\_  
What was their response? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What action will resolve your complaint? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Today's Date: \_\_\_\_\_ Your Signature: \_\_\_\_\_

**Return the completed complaint form to address listed above.**

Division of Behavioral Health  
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100 Fair Oaks Lane, 4E-D  
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Date sent to program \_\_\_\_\_

**PROGRAM COMPLAINT RESPONSE**

**To the program:** As a convenience, you may use this form to notify the DBH of your position or action taken with regard to this complaint. Please return to the DBH at the address listed above. Please attach all relevant documentation.

- Complaint resolved with client       Complaint will be resolved with client       Other

Explanation of action taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**ATTENTION PROGRAM: DO NOT WRITE BELOW THIS LINE: FOR DBH USE ONLY**

Date Received	By	Action Taken	Date	Contact Name	Follow Up	Date	Closed By	Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DUI Coordinator signature: \_\_\_\_\_ Date: \_\_\_\_\_